



Conga provides this valuable benefit at no cost to you.

All Active, Full-Time Employees Electing the \$50,000 Basic Life Benefit

## Life and AD&D Insurance

### Safeguard the most important people in your life.

What challenges will your loved ones face after you're gone? Term life insurance can support them in so many ways by helping cover everyday expenses, pay off debt, and protect savings. Accidental death and dismemberment (AD&D) provides additional benefits if you die or suffer a covered loss in an accident.

#### At a glance:

- A cash benefit of \$50,000 to your loved ones in the event of your death
- An additional cash benefit of two times annual earnings rounded to the next higher \$1,000 (up to \$600,000) if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Personalized case management – Dedicated claim life specialist to actively guide you or your beneficiary through the life and AD&D claim process
- *LifeKeys*® services, which provide access to counseling, financial, and legal support services
- *TravelConnect*® services, which offer you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

**You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed optional life insurance information for details.**

#### Additional details

**Conversion:** You may be able to convert your group term life coverage to an individual life insurance policy if your coverage reduces, you lose coverage due to leaving your job, or for other reasons outlined in the plan contract.

**Portability:** You may be able to port your group term life coverage to a separate group term life insurance policy if your coverage reduces, you lose coverage due to leaving your job, or for other reasons outlined in the plan contract.

**Leave of absence/continuation of coverage:** You may be able to continue your coverage if you leave your job for reasons including and not limited to Family and Medical Leave, lay-off, leave of absence, or leave of absence due to disability.

**Benefit reduction:** When you reach age 70, life benefits reduce to 50% of the original amount.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

**Reminder: Please review your beneficiary(ies) to ensure they are up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.**

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The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access Only program exclude payment for paid services.

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#### **At a glance:**

- A cash benefit of two times annual earnings rounded to the next higher \$1,000 (up to \$600,000) to your loved ones in the event of your death, plus an additional cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- Personalized case management – Dedicated claim life specialist to actively guide you or your beneficiary through the life and AD&D claim process
- *LifeKeys*<sup>®</sup> services, which provide access to counseling, financial, and legal support services
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## Optional Life Insurance

### The Lincoln Term Life Insurance Plan:

- Provides a cash benefit to your loved ones in the event of your death
- Features group rates for Conga employees
- Includes *LifeKeys*<sup>®</sup> services, which provide access to counseling, financial, and legal support services
- Includes *TravelConnect*<sup>®</sup> services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

## Conga

### Benefits At-A-Glance

All Active, Full-Time Employees

<b>Employee Life</b>	
Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings or \$750,000
Guaranteed life coverage amount	\$300,000
<b>Dependent Spouse Life</b> The amount of Dependent Life Insurance coverage cannot be greater than 50% of the Optional employee benefit.	
Coverage options	Increments of \$5,000
Maximum coverage amount	This amount may not exceed \$250,000
Guaranteed life coverage amount	\$25,000
<b>Dependent Child(ren) Life</b>	
At least 15 days but under 26 years	\$10,000

## What your benefits cover

### Employee Coverage

#### Guaranteed Life Insurance Coverage Amount

- Initial open enrollment: When you are first offered this coverage, you can choose a coverage amount not to exceed \$300,000, called Guarantee Issue (GI), without providing evidence of insurability (EOI).
- Annual limited enrollment/family status change: If you're a continuing employee, you can increase your coverage amount by five levels, up to the GI, without providing EOI. If you select coverage in an amount higher than this, you will be required to submit EOI. If you have been previously denied coverage, you will be required to submit EOI.
- If you decline this coverage now and wish to enroll later, EOI may be required and may be at your own expense.

#### Maximum Insurance Coverage Amount

- You can choose a coverage amount up to the lesser of five times Annual Earnings or \$750,000. EOI may be required for optional life coverage. See the EOI page for details.
- When you reach age 70, your optional life coverage amount will reduce to 50% of the original amount.

### Dependent Spouse Coverage - You can secure term life insurance for your spouse if you select coverage for yourself.

#### Guaranteed Life Insurance Coverage Amount

- Initial open enrollment: When you're first offered this coverage, you can choose a coverage amount up to \$25,000, called Guarantee Issue (GI), for your spouse without providing EOI.
- Annual limited enrollment: If you're a continuing employee, you can increase the coverage amount for your spouse by one level, up to the GI, without providing EOI. If you select coverage in an amount higher than this, you'll be required to submit EOI. If you've been previously denied coverage, you will be required to submit EOI.
- If you decline this coverage now and wish to enroll later, EOI may be required and may be at your own expense.

#### Maximum Insurance Coverage Amount

- You can choose a coverage amount up to \$250,000 for your spouse. EOI may be required.

### Dependent Child(ren) Coverage - You can secure term life insurance for your dependent child(ren) when you choose coverage for yourself.

#### Coverage Amount

- Enrollment: You can choose a coverage amount up to \$10,000 if at least 15 days but under 26 years.

## Additional Plan Benefits Included with Life Coverage

Accelerated Death Benefit: Enables you to receive a portion of your policy death benefit while you are living if you're diagnosed with a terminal illness. Please note that the receipt of an accelerated death benefit may be taxable. A covered employee should consult their tax advisor.	Included
Waiver of premium: This is a provision that allows you not to pay premiums during a period of disability that has lasted for a particular length of time.	Included
Conversion: If all or part of your optional and dependent life coverage ends, you may convert the amount of coverage you had under the group policy to an individual life insurance policy without medical evidence.	Included
Portability: If all or part of your optional and optional dependent life coverage ends, you may continue all or part of the amount that ends, less any amounts converted to an individual policy. Portable group term life insurance is not available if coverage ends because the group policy terminates.	Included

## Benefit Exclusions

Like any insurance, this term life insurance policy does have exclusions. A suicide exclusion may apply. A complete list of benefit exclusions is included in the policy. State variations apply.

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## Monthly Optional Life Insurance Premium Calculate Your Premium.

### Group Life Rates for You

Employee Age Range	Life Premium Rate
0 - 29	\$0.040
30 - 34	\$0.050
35 - 39	\$0.070
40 - 44	\$0.100
45 - 49	\$0.150
50 - 54	\$0.230
55 - 59	\$0.410
60 - 64	\$0.660
65 - 69	\$1.100
70 - 74	\$1.810
75 +	\$2.060

### Calculate Your Cost

Use the appropriate rate provided in the tables to the left to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in employee optional term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.070	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$7.00	

*Note: Rates are subject to change and can vary over time.*

Please see prior page for product information.  
Optional life insurance premium calculation



## Group Life Rates for Your Spouse

Employee Age Range	Life Premium Rate
0 - 29	\$0.040
30 - 34	\$0.050
35 - 39	\$0.070
40 - 44	\$0.100
45 - 49	\$0.150
50 - 54	\$0.230
55 - 59	\$0.410
60 - 64	\$0.660
65 - 69	\$1.100
70 - 74	\$1.810
75 +	\$2.060

## Group Life Rates for Your Dependent Child(ren)

Child(ren) Life Premium Rate, per \$1,000
\$0.170

## Calculate Your Dependent Spouse Cost

Use the appropriate rate provided in the tables to the left to calculate your cost based on the amount of coverage you select. The following example calculates the monthly cost for a 36-year-old employee who would like to purchase \$100,000 in spouse optional term life insurance coverage.

Calculation Example		Example	You
Step 1	Using the table above, enter the rate that corresponds with your age.	\$0.070	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$7.00	

*Note: Rates are subject to change and can vary over time.*

One affordable monthly premium covers all of your eligible dependent children.

**Note:** To be eligible for coverage, a spouse or dependent child cannot be confined on the date the increase or addition is to take effect. The new rate will take effect when the confinement ends.

Please see prior page for product information.

**Optional life insurance premium calculation**

**Benefits At-A-Glance**

All Active, Full-Time Employees

**Optional Family AD&D Insurance**

**The Lincoln Accidental Death and Dismemberment (AD&D) Insurance Plan:**

- Provides a cash benefit to your loved ones if you die in an accident
- Provides a cash benefit to you if you suffer a covered loss in an accident
- Features group rates for Conga employees
- Includes *LifeKeys*® services, which provide access to counseling, financial, and legal support
- Includes *TravelConnect*® services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

**Employee**

AD&D insurance provides a cash benefit to your beneficiary(ies) if you die in an accident. A benefit is also paid to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight.

Coverage options	Increments of \$10,000
Maximum coverage amount	This amount may not exceed the lesser of five times Annual Earnings or \$750,000

**Family**

You must enroll in Family AD&D coverage to elect spouse or child(ren) AD&D coverage. You may choose to cover your dependent spouse and child(ren) under the Family AD&D plan. All eligible dependents will be covered. The spouse and child(ren) Family AD&D coverage is a percentage of the employee coverage amount and is based on the employee's dependents.

Spouse coverage without child(ren)	50% of your coverage amount to a maximum \$250,000
Spouse coverage with children	40% of your coverage amount to a maximum \$200,000
Child(ren) coverage without spouse	15% of your coverage amount for each dependent child to a maximum \$10,000 if your child is at least 15 days but under 26 years
Child(ren) coverage with spouse	10% of your coverage amount for each dependent child to a maximum \$10,000 if your child is at least 15 days but under 26 years

AD&D insurance provides a benefit when an injury resulting from an accident causes the death or other covered losses to the insured.

**Note:** See the policy for details and specific requirements for each of these benefits.

### Benefit Exclusions\*

Like most insurance, this AD&D policy does have exclusions. Benefits will not be paid if death or dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony or misdemeanor
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections, except septic infections of and through a visible wound
- Controlled substances voluntarily taken, ingested, or injected, unless prescribed or administered by a physician
- Serving on full-time active duty in the Armed Forces of any country or international authority
- The presence of alcohol in the covered person's blood which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

\*A complete list of benefit exclusions and descriptions are included in the policy. State variations apply.

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## Optional AD&D Insurance

### Calculate Your Premium.

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in employee optional AD&D insurance coverage.

	Calculation Example	Example	You
Step 1	Monthly rate	\$0.030	
Step 2	Enter the desired coverage amount in dollars.	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$3.00	

Note: Rates are subject to change and can vary over time.

### Monthly Premium Calculation for Your Family

Use the table below to determine your cost based on the amount of coverage you select. The following example calculates the monthly cost for an employee who would like to purchase \$100,000 in optional dependent spouse AD&D insurance coverage.

	Calculation Example	Example	You
Step 1	Monthly rate	\$0.040	
Step 2	Enter the desired coverage amount in dollars. (Note: Must be a percentage of your optional AD&D benefit as described above)	\$100,000	
Step 3	Enter the desired coverage amount in increments of \$1,000. To calculate, divide the coverage amount by \$1,000.	100	
Step 4	Calculate the monthly cost. Multiply step 1 by step 3.	\$4.00	

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Please see prior page for product information.  
Optional Family AD&D Insurance At-A-Glance